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APHORISMS

ILLUSTRATING NATURAL AND DIFFICULT CASES

OF

Accouchement;

UTERINE HEMORRHAGE,

AND

PUERPERAL PERITONITIS.

BY

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He, who attempts to make others believe in means which he himself despises, is a puffer; he, who makes use of more means than he knows to be necessary, is a quack; and he, who ascribes to those means a greater efficacy than his own experience warrants, is an impostor.—*Lavater.*

LONDON:

LONGMAN, HURST, REES, ORME, AND CO.

1817.

THESE APHORISMS

ARE DEDICATED TO

ANDREW KENNEY, ESQ. M. D.

OF THE ISLAND OF

ST. CROIX;

AS A SIMPLE TESTIMONY OF UNFEIGNED REGARD FOR HIS PERSONAL WORTH, PROFESSIONAL SKILL, AND CONSUMMATE ERUDITION AS A CLASSICAL SCHOLAR;

BY

HIS SINCERE AND ATTACHED FRIEND,

THE AUTHOR.

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Nothing can be more desirable than to establish certain Aphorisms in every branch of science; and I have only to hope the following will neither prove a fallacious guide to the student, or a source of indecision to the more experienced accoucheur.

LABORS

ARE DIVIDED INTO

TWO CLASSES:

EUTOCIA——*Natural Labor*

DYSTOCIA——*Difficult Labor.*

CL. I.

EUTOCIA SIMPLEX—*Natural Labor.*

I.

NATURE being inadequate to the accomplishment of every species of birth, from numerous mechanical and physiological deviations, it becomes indispensable for an accoucheur, not only to be well versed in the anatomy and pathology of the parts concerned in parturition, but of the human structure altogether, to practise either conscientiously, or with a happy result.

II.

Parturition in its simplest form is accompanied with inflammation; and no woman, however favorably she may have escaped so perilous a situation, can be considered entirely free from some constitutional derangement.

III.

It is to the prevalent and destructive custom of giving diffusible stimulants in progressive and natural labors, that the subsequent symptoms of inflammation and fever are mainly attributable; at least, few women can be delivered under the influence of wine or spirits, without experiencing a fearful hemorrhage.

IV.

Opium is also given in inconsiderate doses; and manual assistance is not unfrequently had recourse to, for prematurely dilating the os uteri, and evacuating the waters; thus giving to the disqualified and unworthy attendant,

the hope of speedy liberation from the disagreeable bondage of a lying-in chamber.

V.

I wish to impress upon the constant recollection of the student who has not imbibed such wanton principles, that the consequences which unhappily now and then appertain to natural labor, have for the most part their origin in an artificial rupture of the membranes, and early evacuation of the liquor amnii.

VI.

To this source is referable, the frequency of funis presentations, the death of the fetus, and retention of the placenta.

VII.

It disturbs the general order of labor, and a laceration of the external parts is the consequence; it occasions oftentimes an unseasonable detachment of the placenta, and in lieu of accelerating the birth, becomes the cause of its irksome and unnecessary protraction.

VIII.

It is also an operation of cruelty to the mother, inasmuch as she is deprived of the soft and gradual medium intended by nature for dilating the os uteri, a part delicate in its organization, and of peculiar sensibility to the touch, comes at once into contact with the hard and persisting pressure of the fetal head.

IX.

It is then to be remembered, that labor is most easy to the mother, and safe to the child, in which the membranes remain entire until the head is ready to be excluded through the os externum.

X.

The principal attention required in natural labor, is directed to the support of the perinæum, and extraction of the placenta.

XI.

Support the perinæum till the shoulders are born: it secures it against rup-

ture, by offering an obstacle to the hasty extrusion of the child, and facilitates thereby the more ready detachment of the placenta.

XII.

A laceration of the perinæum occurs in capacious pelves, where the head suddenly comes down, the parts not having acquired their dilatability; where the perinæum is naturally short, or by inflammation, or the particular organic structure of soft parts, they cannot yield sufficiently.

XIII.

The perinæum has also been torn by the rude and unfeeling treatment of the attendant; some of whom, not satisfied with the native powers of the uterine system in overcoming the difficulties of childbirth, urge the woman, when the head presses upon the external parts, to strain every possible exertion, and to strengthen such effort by retaining the breath, instead of opposing adventitious

resistance to counteract the mischievous consequences.

XIV.

It is the most deplorable accident that can befal an unfortunate patient; she is in all probability reduced to hopeless misery for life, loathed by herself, and alienated from the affections of her husband.

XV.

The excluding force of the uterus is always to extricate the body after the head is born, or even restrained from too sudden a delivery, when that action is inordinate, by which the fundus uteri, with the lower parts of the cavity, assume its equal share in contracting.

XVI.

The left hand of the operator supports the perinæum, and with the right, the body is conducted in the direction of the vagina.

XVII.

Never tie the funis of a newborn

child, until the change from uterine to breathing life be fully established, that is, until the circulation of the navel string spontaneously ceases, and air is known to have rushed into the lungs by its cries.*

XVIII.

The time between the birth of the child and expulsion of the placenta, is devoted to calm the general disturbance in the system, to soothe the mind, to cool the apartment, and if exhaustion be evident, and the uterus inactive, some mild and temperate restorative may be usefully administered.

XIX.

Apply pressure with one or both hands expanded to the parieties of the abdomen, with the view of promoting uterine contraction, and the easy ejectment of the placenta, as well as to afford relief thereby to faintness, from the sudden taking off of tension.†

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* Vide *Peu, Pratique des Accouchements, livre* 1. *chap.* xii. 18.
† Vide *Ruysch. Adver. Anat. Dec. Secund.*

XX.

When the placenta has descended into the vagina, either by the acting uterus, or by the assistance of art, it is there left to be finally excluded by the pains, by which constitutional irritation will be diminished, the uterus will have time to contract regularly, and all danger of hemorrhage be avoided.

XXI.

The existence of a placenta may be considered an indubitable proof of coition, but does not denote the invariable presence of a fetus.

XXII.

A retention of the placenta rarely happens in a well conducted labor; it is the consequence of haste and officious interposition.

XXIII.

If it does not readily detach, leave it not to the expulsive endeavors of nature,

as no rule can determine the time of its final separation.

XXIV.

Nor risk the danger of too much assistance by the funis, from the likelihood of its separating from the uterus, or inverting that viscus.

XXV.

But a hasty delivery of the placenta immediately after the birth of the infant, where there is no hemorrhage, can never be safely admitted; yet at the expiration of an hour (according to existing circumstances) manual extraction should be enforced; for by waiting, especially after long and obstructed labors, the parts become inflamed and contracted.

XXVI.

By unlimited delay, a partial detachment and supervening hemorrhage ensue; the woman becomes depressed from mental anxiety, and the continuance of unavailing uterine irritation.

XXVII.

If the irritation induced by the introduction of the hand into the uterus, does not excite its spontaneous contraction to eject whatever may be contained therein, it will be necessary to proceed with tenderness and caution, to detach the whole body of the placenta.

XXVIII.

The irregular and partial contractions of the uterus are various, the most common being the longitudinal, where all the parts except the fundus are in contact.

XXIX.

The placenta is also retained by the hour glass contraction, or spasmodic stricture of the circular band of fibres, about the middle, dividing the uterus into two cavities.

XXX.

It is to be overcome by gradually persisting to dilate with the hand in a

conical form, until it gains admission to the upper cyst, by pressure to the uterine region, the application of cold, and the use of opium.

XXXI.

If by undue violence the funis separates from the placenta at its insertion, firm pressure made upon the abdomen by an assistant, will confine the uterus, and render manual extraction less difficult.

XXXII.

The inquietude incidental to women during the months of uterogestation, is universally relieved by occasional venesection, cooling medicine, appropriate diet, and the recumbent posture.

XXXIII.

And to diminish the febrile excitability attending the state of pregnancy, bleeding may be advantageously had recourse to in constitutions, which at other times would not bear such evacuation.

XXXIV.

If peculiarity of habit does not indicate a more cordial and nutritious diet, the food should consist principally of vegetables; and cooling sub-acid fruits are both grateful and proper.

XXXV.

Vomiting is sometimes useful, especially when the stomach is surcharged with indigestible crudities; it also, by the increase of pressure, as well as the induction of general relaxation, favors the more ready distention of the os uteri.

XXXVI.

But vomiting in a protracted labor without pain is dangerous, or where the os internum is fully dilated, particularly if accompanied with pyrexia or morbid ejectments.

XXXVII.

A constipation of the bowels is the natural consequence of pregnancy; and extreme solicitude for its removal be-

yond the occasional use of some lenient purgative, is the frequent exciting cause of abortion.

XXXVIII.

But accumulated masses of indurated scybalæ in the colon and rectum, are to be broken down by introducing the fingers into the vagina.

XXXIX.

A diarrhœa accompanied with pain requires the previous exhibition of some mild aperient, before measures are resorted to for its final suppression.

XL.

For the irritation of the rectum continuing unabated, the functions of the uterus become so materially deranged, that the process of gestation cannot proceed.

XLI.

To allay this, the injection per anum of an emollient enema with tinctura opii, will be found decidedly beneficial.

XLII.

Strangury during the early periods of uterogestation, arises from sympathy between the bladder and uterus; and the simple exhibition of a few grains of the nitrate of potash, in some mucilaginous vehicle, will generally suffice for its removal.

XLIII.

But strangury at a later period is induced by the mechanical pressure of the enlarged uterus; and if an actual suppression of urine takes place, and the catheter is neglected to be passed, a retroversion of the womb is the common consequence.

XLIV.

A retention of urine gives the first disposition to the uterus to retrovert; and when effected, will become the actual cause of further retention.

XLV.

It is such a displacement of the uterus, that the fundus turns backwards and

downwards upon the cervix, forming a considerable tumor between the vagina and rectum; the os uteri is turned upwards and forwards, towards the pubes, and not easily discoverable by examination.

XLVI.

There is a greater probability of this accident in large pelves; and about the third month of pregnancy, when the bladder by neglect becoming distended, raises the uterus and projects back the fundus; during which process, or rather when the retroversion is completed, a trifling urinal discharge is observed to take place.

XLVII.

There is extreme pain, and such is the costiveness induced by this pressure, as frequently to deny either evacuation or the admission of enemas.

XLVIII.

The curative indications are evidently to lessen the distention of the bladder by

by the gentle introduction of a flexible catheter, aided by external pressure; the subsequent use of emollient clysters being both needful and proper.

XLIX.

If by the medium of the vagina the fundus cannot readily be elevated beyond the projection of the sacrum, its reposition may be safely left to the natural exertion of its own powers; for by paying constant attention to the state of the bladder and rectum, it will either recover its proper situation, or the delay renders the ultimate operation comparatively easy, without a dangerous symptom intervening.

L.

An involuntary flow of urine happening near the approach of labour, when in the erect posture, is caused by the casual compression of the fundus or neck of the bladder: it can only be palliated before delivery, and may be

esteemed presumptive proof that the head will then present.

LI.

When the descending head presses upon the fundus of the bladder, the gush of urine takes place during each pain, or during any bodily agitation, such as coughing.

LII.

Pain is the most essential characteristic of labor, increasing in strength after the rupture of the membranes, from the then greater resistance of the solid body of the fetus.

LIII.

As all muscular action must have intermission, it will serve to distinguish between spurious and true labor pain; the former, arising from abdominal irritation, occasions a contraction of the muscles, is continued, and the woman has little or no remission of her sufferings; and although the os uteri descends, it does not become tense, which in the

true labor pain is to a considerable degree.

LIV.

True labor pain recurs at regular intervals, affecting the back and sides more than the belly; it dilates the os uteri, and protrudes the membranes.

LV.

False pains, arising from temporary exhaustion, are relieved by some moderate cordial, and a short confinement to the horizontal position; but in a plethoric or febrile condition, it will be necessary to prescribe temperate venesection and cooling laxatives.

LVI.

An opiate enema will be found the most effectual remedy for the relief of false pains.

LVII.

An experienced accoucheur frequently comprehends what changes are taking place, or the actual state of the patient,

by the peculiarity with which she expresses her sufferings; for where there is no imperfection of constitution, a sharp and interrupted tone of voice denotes an acute or cutting pain; the heavy wandering pain being discovered by a continued moan, or obtuse utterance.

LVIII.

Whatever intention is proposed previous to examination, let it be satisfactorily fulfilled before the hand is withdrawn, although at the painful objection of the woman.

LIX.

An examination per vaginam is made during a pain, and the finger is retained until it goes off; you then ascertain how much the os uteri collapses, and how the presenting part of the fetus is situate.

LX.

When the membranes are entire, if the attempt to ascertain the presentation be persisted in during the contractile

action of the uterus, they would, by the the pressure of the finger, be in danger of premature laceration.

LXI.

It is of importance in this operation to be dextrous, gentle, and modest, equally slow in the retreat of the hand as in the introduction of it, from the extreme sensibility of the parts, particularly in long and difficult cases.

LXII.

As it is almost impossible to decide by examination in the early months of pregnancy, whether a woman be with child, because the fundus is the first part of the uterus which expands after impregnation, such an operation ought neither to be proposed or accepted; for no opinion could be given singly that would not endanger the judgment of the practitioner.

LXIII.

After-pain arises from a coagula of

blood retained in the uterus; and its violence is in proportion to their size, and the difficulty with which they are expelled.*

LXIV.

They may be attributed to the rough and hasty extraction of the placenta, by which the uterus is left irritable and distended, the blood effusing into its cavity not being enveloped and brought away in the membranes.

LXV.

After-pains are not to be indiscriminately suppressed by opium, their intention is first to be fulfilled, being always a salutary operation, and void of all danger.

LXVI.

If excessively violent, they may be appeased by attention to the state of the bowels, by tepid applications to the abdomen, and a dossil of lint charged with tinctura opii applied to the navel.

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* Vide *Harv. Exercitatio de Partu.*

LXVII.

When arising from wind distending the bowels, they are moderated by pressure, and saline cathartics, the subsequent exhibition of an opiate being all that is required.

LXVIII.

Spasmodic pains of the uterus, in which the contents of the abdomen variously participate, are allayed by partial baths and opiate medicine ; and may be distinguished from the pain attending peritonitis by the intervals of ease, and the regularity with which the secretions are discharged.

Cl. II. Ord. I.

Dystocia protracta—*Lingering Labor.**

LXIX.

From the sacred trust reposed in us by those who are the chief contributors to our happiness, it is our bounden duty, not only from the natural feeling of devotion to them, but from strict professional propriety, to urge, by unwearied application and zeal, our best abilities for their relief; to meet their silent apprehensions by encouraging language; to soothe down with interesting sympathy, the peculiar cause of their fears; and attentively to listen to all complaints, though not indicating danger.

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* Dicitur autem partus ille difficilis, qui cum fœtus vel matris periculo accidit; vel quia cum gravissimis fit symptomatibus, vel tardius procedit, ita ut longo tempore prematur.—*Poderic. a Castro Lusitan.*

LXX.

The management of a lingering labor depends upon the cause of the impediment.

LXXI

The difficulty may arise from a defective expulsatory power of the uterus, or preternatural resistance offered to that power when duly exerted.

LXXII.

The intention therefore is to promote uterine action when inefficient, or to remove the impediments which are the cause of it.

LXXIII.

If the smallest progress is made in the labor, the strength remaining unimpaired with regular uterine contraction, if there is sleep during the intervention of pain, if the mind is tranquil, and the woman retains the power of expelling her urine, if she be free from inflammation and fever, the vagina cool and clothed with its proper mucus, the case

may safely be left to the expulsive endeavors of nature.

LXXIV.

But if there are paroxysms of shivering that do not influence the os uteri, if there be fever and tenderness of the abdomen, an anxious mind, low delirium, and feebleness of pulse; or if there be vomiting when the os uteri is dilated, unprofitable uterine action, or the vagina hot and sore, with offensive discharges and clammy sweats, the delivery is necessary to save both mother and child.

LXXV.

If from constitutional or accidental debility, the contractile power of the uterus becomes unproductive, we are, after due time, to prescribe proper nourishment, rest, saline enemas,* and the mental stimuli of hope and encouragement for the speedy termination of the case.

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* Vide *Riverii Prax. Med. De Partu. Dif.*

LXXVI.

If fatigue relaxes into absolute exhaustion and general debility, the temperate use of cordials is not only admissible, but necessary, and the exhibition of an opiate enema will allow the womb to recruit, by the temporary suspension of its action.

LXXVII.

Women who are previous to the accession of labor extremely low and enfeebled, require the most soothing treatment and generous diet, together with the use of an occasional opiate, and strict denial of all voluntary exertion.

LXXVIII.

For a rigidity of the os uteri, time is the safest remedy, and as occasional auxiliaries, the discriminating use of opium and venesection, according to existing circumstances and the general state of the patient; a kneeling or erect posture, a mild and spare regimen, attention to the bladder, clysters, castor-

oil, and the application of steam to the parts.

LXXIX.

Where the os uteri and soft parts are contracted, the vagina hot and painful to the touch, the pains strong, irregular, and abortive; where the membranes broke early, and the woman is free from general exhaustion, the liberal abstraction of blood relaxes the os uteri, excites the action of the womb, and proves a powerful mean of accomplishing the birth.

LXXX.

If the soft parts are principally undilatable, or heated and dry from the repeated application of hot fomentations, the injection of mucilaginous fluids into the vagina will be found useful.

LXXXI.

A redundance of liquor amnii, or morbid thickness of the chorion and amnion, may be a cause of lingering labor, and require the puncture of the tumor;

but such an operation demands our utmost caution.

LXXXII.

The membranes are never ruptured (especially in a first labor) while a portion of the fetal head is superior to the brim of the pelvis, the os uteri undilated, or the perinæum thick and firm.

LXXXIII.

If the membranes rupture spontaneously during the early periods of labor, the pains are unprofitable till the whole liquor amnii is discharged, and then they become cutting, and almost insupportable.

LXXXIV.

After the effusion of the waters, invariably make an examination per vaginam to ascertain the situation of the fetus.

LXXXV.

For should a superior extremity present, you avoid the necessity of turning in a contracted uterus.

LXXXVI.

The final extrusion of the head is sometimes impeded by a natural shortness of the funis umbilicalis, or it is accidentally rendered so, by its circumlocution round the neck, or members of the infant.

LXXXVII.

But such difficulty will generally be surmounted without danger by the progress of labor.

LXXXVIII.

When the birth has been unseasonably delayed, and the head constantly retracts within the soft parts on the subsidence of pain, the greatest advantage may be obtained by having the woman in an erect posture; for the gravitation of the head, added to the weight of the child, materially increase the power of uterine pain, and supersede thereby the necessity of instrumental assistance.

LXXXIX.

The death of the fetus when putrid, is a cause also of this description of birth, the bulk being increased by the enclosed and rarefied air.

XC.

An obliquity of the os uteri (which invariably happens in a malformation of the pelvis) may procrastinate a natural labor, but will not require manual interference.

XCI.

For the woman reclining on her back, or on that side to which it projects, the constant inclination of the fundus to the side of obliquity will gradually retract the os uteri to its central position.

XCII.

If the uterus prolapses before the os uteri becomes extended, it is supported with the fingers during each pain; the patient is directed to observe the recumbent posture, and to desist from all voluntary efforts.

XCIII.

If the uterus protrudes beyond the external parts, it is necessary to dilate the os uteri artificially, to rupture the membranes and deliver the child, and subsequently to replace the uterus.

XCIV.

At the commencement of labor when the head compresses the cervix of a distended bladder, if the catheter is unthought of, the uterus will become fettered in its action, the head impeded in its passage, and the bladder itself will suffer from inflammation, partial gangrene, or even rupture.

XCV.

If a stone in the bladder is an impediment to labor, it is preferable to perform lithotomy than attempt to distend the urethra by bougies.

XCVI.

Because over-distention destroys all

tone of the parts, and subjects the woman to an hopeless incontinence of urine.

XCVII.

Endeavor to tranquillize the mind in every case of parturition; for by the violent emotions it preternaturally excites, the whole frame becomes disturbed, and compelled to act with an increase of energy.

XCVIII.

And from the influence it possesses over the parts concerned in child-bearing, the action of any power in the constitution may be suspended, or induced to act with irregularity.

Ord. II.

Dystocia perversa.—*Malposition of the head.*

XCIX.

If the face presents to the pubes and the occiput to the sacrum of the mother, the labor will so terminate, the true

capacity of the pelvis being unimpaired, and the fetal head of ordinary dimensions.

C.

If such a presentation can be discovered before the membranes break, the vertex may be easily turned round to the hollow of the sacrum, by introducing the fingers between the side of the head and the symphysis pubis.

CI.

The head being excluded in this direction, the perinæum requires to be attentively guarded, the parts having frequently been lacerated in women who have borne many children.

CII.

When the reciprocal proportion between the head and the pelvis is perverted, the pains become powerless or unprofitable, or there are other obstacles that would have retarded the most favorable presentation, it is required to

promote the delivery with one blade of the forceps, as the most convenient assistant under such circumstances.

CIII.

If the head be low in the pelvis, and the hand or arm protrude therewith, nature has sufficient power in a well formed pelvis and relaxed soft parts, for the expulsion of the child.

CIV.

If the elbow descends with the head, the fore arm being reflected back upon the humerus, the labor will be difficult; but more so, the hand and arm protruding before the head, the head resting in the flexion of the elbow; yet neither of these cases (free of other obstacles) requires any further assistance than that which can be readily given by the finger of the operator.

Ord. III.

Dystocia transversa.

Presentation of the breech, or inferior extremities.

CV.

The process of parturition is slow in presentations of the nates, or inferior extremities, the parts not readily adjusting themselves to the space they have to pass through, or the uterine action to so unfavorable a situation of the fetus; they do not however, require much assistance from art, unless obstructed by unusual occurrences.

CVI.

The only danger in these presentations is the casual compression of the funis during the progress of labor, which by impeding the circulation would necessarily prove fatal to the child.

CVII.

If the nates are slowly extracted, the soft parts acquire that dilatability which lessens any impediment to the subsequent birth of the head.

CVIII.

The perinæum requires, on the extrusion of the breech, the same attention as during the birth of the head in a natural labor.

CIX.

The nates having protruded through the os externum, it becomes a footling presentation, and the toes, if turned towards the symphysis pubis, are to be given a contrary direction, by inclining the face to the sacro-illiac junction.

CX.

As there is great probability of fatal compression of the funis during this stage of labor, it is advisable to urge the entire delivery by gentle and expeditious means.

CXI.

And it is not to be expected that the os uteri, when once fully dilated, will contract round the neck of the fetus.

CXII.

In proceeding then to the completion of the birth, direct the finger to the shoulder of the child, and cautiously depress the fore arm at the bend of the elbow.

CXIII.

With the right hand, carry the back of the child towards the thighs of the mother, and with a finger of the left hand introduced into the mouth, depress the chin towards the breast.

CXIV.

By opening the mouth respiration may commence, and the change to breathing life be fully established.

CXV.

If there is great difficulty in extracting

the head from disproportion between it and the pelvis, much advantage will be obtained, after it has undergone every compression, by introducing the fingers between the pubes and occiput, and pressing it forcibly towards the hollow of the sacrum.

CXVI.

When necessity justifies the opening of the head, the perforator is introduced either at the small fontanel behind the ear, or through the mouth to the basis of the cranium.

CXVII.

Should the head separate from the body, an assistant by compression must steady it before the perforator can be used.

CXVIII.

Never accelerate a breech presentation, if the smallest advancement is made in the labor by the efforts of the mother.

CXIX.

But if there be reason to conclude on the death of the fetus, and that the expulsive endeavors are insufficient for its birth, we are then called upon to render that assistance most likely to afford relief.

CXX.

And such relief is more certainly given where it is practicable to pass a ligature over the groins of the child.

CXXI.

When the soft parts become tumefied from the long compression they have undergone, it will be necessary to pay constant regard to the bladder and rectum.

CXXII.

And inflammatory tumefaction, or change of color in any of the extremities when presenting, may be considered sufficient evidence of a living child, the consequences of violence being denoted in a dead child by a solution of continuity.

CXXIII.

Should the feet present with the head, the former are brought into the pelvis, and the labor finished as in footling presentations.

CXXIV.

If with the head, a foot and arm present, grasp the foot and deliver in that manner.

CXXV.

A hip presentation does not require any further assistance than is usually rendered in breech cases.

CXXVI.

If the back be the first part discoverable on examination, it will spontaneously become a breech case.

Presentation of the superior extremities.

CXXVII.

The shoulder presenting, or one or both arms, requires the operation of turning the fetus in utero.

CXXVIII.

And the presentation of both arms is more manageable than when a single arm presents.

CXXIX.

If the head or inferior extremities be found to present before the membranes break, the labor may be allowed to proceed; but if a superior extremity presents, the membranes are ruptured and the child turned before the uterus contracts.

CXXX.

The operation of turning therefore, is to be undertaken if possible before the entire loss of the liquor amnii: it is not to be persisted in while the os uteri is hard and unyielding, or during the strong contractile efforts of the womb.

CXXXI.

But it is preferable to promote a partial dilatation of the os uteri artificially, than wait for its spontaneous relaxation where the waters have been long discharged.

CXXXII.

The uterus not being strongly contracted, the hand will more readily pass between the body of the child and the ossa pubis, and in that direction the feet will generally be found.

CXXXIII.

If the shoulder becomes wedged in the superior aperture of the pelvis, by the continued impelling force of the uterus, so that the hand cannot pass by the presenting part, apply the fingers to the arm-pit of the child, and raise the shoulder towards the fundus uteri; by persisting in which, the hand will gain admission to the feet, and the labor be accomplished without further difficulty.

CXXXIV.

In the preceding CXXXIII. the difficulty of effecting delivery by art, will be in proportion to the degree of uterine spasm; but steady and persevering efforts taking advantage of any tempo-

rary relaxation, will usually allow the hand to be insinuated along the breast of the child, when in case one or both feet cannot be grasped, the knees may be cautiously bent and brought down.

CXXXV.

If early effusion of the liquor amnii, and irregular uterine contraction, will not admit of the os uteri being sufficiently dilated, or the shoulder to be raised, employ venesection, and an enema, with 120 or more drops of tinctura opii, which on the induction of sleepiness will suspend the inordinate irritation, and present a favorable opportunity for delivering the child.

CXXXVI.

If a hand presents, and the head can be brought into the axis of the pelvis, return the hand, and support it at the brim, till the head is engaged in the superior aperture.

CXXXVII.

Should either the upper part of the shoulder, back part of the neck, nape of the neck alone, the throat, belly, breast, or side, be first ascertained on an examination, it will be required to proceed to the act of turning, and the delivery must be accomplished as in footling presentations.

CXXXVIII.

A spontaneous evolution has in many instances effected a natural birth, with strong labor pains, where the shoulder came so far in the pelvis that it was impossible to turn without the peril of uterine rupture, or even to introduce the hand for elevating it above the brim, in consequence of the waters having been long discharged, and the uterus closely contracted round the body of the fetus.

CXXXIX.

But this is not to deter us from making

use of those means which multiplied authority may have strongly recommended, and which the sanction of success has fully established the efficacy of.

Ord. IV.

Dystocia Geminorum.

Twins.

CXL.

The membranes of both may sometimes be discovered at the same time, or different parts of two children may present together.

CXLI.

Two placentas may anastomose; and one being detached, hemorrhage will issue internally from both uterus and placenta, and it may not appear exteriorly from the retained placenta of the first, the body, membranes, and waters of the second child.

CXLII.

The time therefore recommended to wait between the births cannot always be judiciously observed.

CXLIII.

The most gentle and cautious means should be adopted for extracting the placentæ; as in all plurality of births there is unusual risk of hemorrhage.

CXLIV.

And if the hand is introduced to separate the placentæ, it is not withdrawn until both are detached, and ready to come away.

Ord. V.

Dystocia syncopalis.

CXLV.

The powerful shock the system sustains under the effects of parturition, is sometimes incompatible with the further maintenance of life.

CXLVI.

Death then ensues from the sudden removal of pressure by the evacuated uterus, the abdominal parieties and its contents not easily accommodating themselves to so important a change.

CXLVII.

If syncope without hemorrhage comes on immediately after delivery, employ freely the medicated stimuli, pressure to the uterine region, and confine the patient to the recumbent posture, until a change of circulation be effected, and the several parts within the abdominal cavity receive a mutual adjustment.

Ord. VI.

Dystocia inversoria.—*Inversion of the Uterus.*

CXLVIII.

Inversion of the uterus is the conse-

quence of rude and precipitate conduct in the delivery of the woman, and the use of unwarrantable force for extracting the placenta by pulling the funis umbilicalis; it is also produced by hastily withdrawing the placenta from the uterine cavity, when that viscus is in a state of collapse.

CXLIX.

On ascertaining this accident, immediately reinvert the perpending part, for the difficulty so much increases with time by the constriction of the cervix uteri, that subsequently all attempts to restore the parts to their proper situation are useless.

CL.

The fundus is first compressed with the hand to diminish its bulk, and then cautiously returned within the os uteri, the hand on its replacement being retained within the uterus until it contracts.

CLI.

If a placenta adheres to an inverted uterus, they are first returned to their natural position, before the attempt is made to separate them.

Ord. VII.

Dystocia amorphica.—*Deformed pelvis.*

CLII.

The human female from the moment of her birth, being destined, beyond the allotment of her fellow associates in life, to the exclusive wretchedness of child-bearing, and the endurance of more suffering than human nature seems sometimes capable of sustaining, it becomes us, if we wish to adorn our reputation, and to practice with success, to act in every instance with feeling, humanity, and tenderness.

CLIII.

For the passions of men are peculiarly

interwoven with their welfare; and their situation being always one of more or less difficulty, it would be extreme criminality in even the competent practitioner to deny the further assistance of suitable advice.

CLIV.

And no situation requires more consummate address, or more determined conduct, to obtain and secure the confidence of watchful and inquisitive individuals, and to execute with firmness these, the most important and hazardous duties of the profession, being constantly exposed to review, and liability of censure.

CLV.

From the authority of experience, as well as by the justification of moral and scientific principles, we are not warranted in giving instrumental assistance until by evident circumstances we are assured the powers of the constitution

are incapable of surmounting the opposing difficulty, or rather when the compelling efforts are wearied, or sunk into permanent inactivity.

CLVI.

It requires great circumspection and foresight to distinguish between those cases which may with safety be left to nature, and those in which necessity justifies adventitious aid, and when such assistance ought to be given.

CLVII.

A pelvis is malformed, or the capacity may be diminished by a flatness of the sacrum (for in proportion as it inclines to concavity is its adaptation to labor) by anchylosis of the coccyx to the sacrum, rachitis, exuberance of the spines of the ischium, malacosteon, exostosis, fracture of the acetabulum, schirrous or steatomatous tumors, enlarged ovarium, enlarged glands of the vagina, polypi of the uterus or vagina, vaginal

hernia, cicatrices of the vagina, excrescences of the os uteri, scirrhus of the rectum, encysted tumors, and a stone in the bladder.

CLVIII.

A projection of the last lumbar vertebra over the superior aperture, occasions as insurmountable an obstacle to labor as a malformation of the pelvis.

CLIX.

If a woman is in shape deformed, or has a curvature of the spine, the pelvis is almost invariably contorted.

CLX.

If there are three inches from sacrum to pubes, with a sufficiency of expulsive endeavors on the part of the mother, a child may be born at the full period of gestation.

CLXI.

Time being equivalent to force, it generally overcomes the difficulties of childbearing; and in safe reliance upon it,

the mother carefully avoids all fruitless exertion, and all cause of inflammation and fever.

CLXII.

If the pelvis be slightly contorted, or originally small in its capacity, and the head relatively large, it will become so moulded and compressed by the impelling force of the uterus, that ultimately it will pass through its disproportioned cavity.

CLXIII.

If the conjugate diameter of the pelvis be less than three inches, or the cranium particularly firm, the head hydrocephalic, and the soft parts so much tumefied as not to admit of the application of either forceps or vectis, or if there are alarming convulsions, it may be necessary to sacrifice the child, to insure the well-doing of the parent.

CLXIV.

The head when opened, and the contents evacuated, will collapse, and by

the action of the uterus descend into the cavity and be expelled.

CLXV.

And if the uterus is inactive, we are to wait in expectation of its recovery, according to present circumstances and the state of the patient.

CLXVI.

But if necessity compels the operation to be speedily accomplished, the crotchet is introduced at the aperture made by the perforator, and co-operating with the pains, the head is finally extracted.

CLXVII.

When the pelvis is so much distorted as to require the head to be broken down, it is easier done in a state of putridity; the parietal and squamous bones first come away; then detached from the face, the frontal bring their orbitary processes with them, the pelvis admitting the basis of the skull to pass entire.

CLXVIII.

The head when broken down and extracted, may leave the body at the superior aperture with total inaction of the uterus: in such a case, if the narrowness of the pelvis will admit the hand, turn and deliver by the feet.

CLXIX.

The volume of the head being more pliable when the child is dead, it will collapse and pass through a smaller space than a living one; and if universal putrefaction commences, and the labor is protracted, the action of the uterus may exepl its whole contents.

CLXX.

A dead fetus will remain in the uterus several weeks before labor, without absorption taking place, or the production of either local or constitutional harm, and the native powers of the parent ultimately become adequate to its final expulsion.

Cæsarean Operation.

CLXXI.

The Cæsarean section, a presumed operation to save both lives, is only justifiable when the pelvis is so extremely distorted as to preclude all possibility of using the perforator, or the mother being the subject of mollities ossium, or other incurable malady running to immediate death.

CLXXII.

Section of the symphysis pubis for the object of saving both lives, is not to be put in competition with the forceps, and even to save the life of the child can be of no avail, when the projecting angle of the sacrum is shorter than natural.

CLXXIII

You then gain nothing except in the long diameter, and not in the short where it is wanted.

Premature Labor.

CLXXIV.

In a contracted pelvis, premature labor should be artificially excited at a period not later than the seventh month, when if a natural presentation, a child may be born alive.

CLXXV.

In extremely distorted pelves it may be induced prior to that time with safety to the mother, but almost certain death to the child.

CLXXVI.

If at seven months a preternatural presentation can be ascertained before the rupture of the membranes, the pelvis admitting the birth at that date, a spontaneous alteration may, by waiting a few days, present a more favorable opportunity.

Forceps.

CLXXVII.

Short forceps without convex edges, purposing to apply the cup of the blades over the chin of the child, cannot in such a direction correspond with the axis of the pelvis.

CLXXVIII.

The imaginary line drawn from the vertex to the chin, can in no stage of parturition agree with an imaginary line drawn from the extremity of the os coccygis to the umbilicus.

CLXXIX.

Short forceps with convex edges, are intended to act on parallel surfaces that are at an equal distance from each other in the direction of the blades, and can only be so adapted to the fetal skull, betwixt the parietal protuberance and the coronal suture.

CLXXX.

The first blade is placed in a direction from the central part of the parietal protuberance to the ear, and the second blade is laid upon the surface on the other side, in a line exactly corresponding to that upon which the first blade was laid.

CLXXXI.

If the forceps are placed upon a conical surface, as the space between the parietal protuberance and the lambdoidal suture (where the finger discovers the ear, which is given as a general direction for applying the forceps) one rim of the blade only comes in contact to the injury of the child, while the posterior rim near the occiput stands apart from the head to the danger of the mother.

Presentation of the funis.

CLXXXII.

A funis presentation does not interfere with the progress of labor unless by offi-

cious intermeddling we make it so, neither does it affect the safety of the mother, the danger being referred exclusively to the child.

CLXXXIII.

If the funis presents before the membranes break, the os uteri being easily dilatable, turn the child, and deliver by the feet.

CLXXXIV.

Or if the waters are recently discharged, and the os uteri dilated, carry up the prolapsed cord, and turn the fetus in utero.

CLXXXV.

If advancement is made in the labor, endeavor to replace the funis past the presenting part during the absence of pain; and it is of importance to exclude as much as possible all access of common air.

CLXXXVI.

If the pulsation has already ceased, the labor is conducted without regard to such presentation.

CLXXXVII.

If the funis descends before the breech, bring down the feet, and urge the delivery by manual extraction.

Ord. VIII.

Dystocia convulsiva.

Puerperal Convulsions.

CLXXXVIII.

The increased irritability to which pregnant women are subject, added to indulgent and luxurious habits of life, materially dispose to convulsions; but a morbidly acute or unhappy state of the mental faculty, which broods fearfully over perhaps an unfortunate situation, is the most powerful accelerating cause.*

* In the last 460 cases I attended, I have met with four instances of true convulsions, which is a great disproportion in so small a number of births: two of these were illegitimate pregnancy, and the other patients were of naturally delicate and irritable fibre, to whom the nurses had given large potions of spiced cordial, and otherwise imprudently treated them.

CLXXXIX.

Robust and plethoric women are also the subjects of this malady; and in them it is observed vascular disorganization, either local or general, seems predominant.

CXC.

In opposite states therefore, it requires great discernment in the application of suitable remedies, and the extent to which such remedies can be judiciously carried.

CXCI.

The aptness of convulsions to occur in a first labor where the head presents, and the membranes are early ruptured, may be referred to the exquisite irritation to which the os uteri is unnaturally exposed, by the rude and unaccommodating pressure of the fetal head.

CXCII.

A constipation of the bowels, or a distended state of the bladder, is a disposing cause of convulsions, especially at the commencement of labor.

CXCIII.

In the prevention of the paroxysms, cold water, as a counter-stimulant, sprinkled upon the face, will often answer the best intentions.

CXCIV.

The convulsions depending upon excessive uterine action, will have a long or short intermediate respite between the recurring paroxysms, according to the actual stage of the labor.

CXCV.

And we estimate the danger by the violence of the paroxysm, the duration of the interval, and the derangement attending it.

CXCVI.

The excessive irritability being originally and solely derived from the uterus, and the female constitution readily participating in any extraordinary action which may be there going on, it follows that to moderate such disturbance is

the most natural and successful method of treatment.

CXCVII.

By frequent manual examinations, the os uteri, which is the most sensible part of that organ, becomes excited even to inflammation, and proves not only a powerful cause, but a source of vast aggravation to the malady already present.

CXCVIII.

When the precursory signs develope themselves, employ copious venesection without regarding the actual stage of labor, or the violence of the paroxysms.

CXCIX.

The want of confidence in this remedy, hath arisen from the sparing and injudicious manner some practitioners have recommended its adoption.*

* Dr. Patrick Blake invited me to the dissection of a woman in Dublin, who died of convulsions which continued during, and three days consequent to delivery; and had he not kindly given me the history of the case, I should certainly have inferred from the appearances which came before us that peritonitis had been the sole cause of her death.

CC.

When there is an inability to swallow, enemas must be injected to dislodge any feculent matter, refrigerant lotions may be applied to the head when indicated, and blisters to the arms and legs.

CCI.

The warm bath, and fomentations to the abdomen have at various times been useful, but the application of opiate friction to the uterine region when plentifully used, is more likely to prove beneficial.

CCII.

Small and repeated doses of opium* uncombined, have the pernicious effects of increasing uterine action, and exciting inflammation; but if largely given they abate, or suspend that effort.

CCIII.

Large doses of opium alone, cannot be taken into the stomach without pro-

* Recommended by Dr. Denman.

ducing comatose and other symptoms, which counterbalance the temporary advantages,* but if several grains of the solid drug be introduced into the rectum, it will prove a remedy that ought never to be omitted.

CCIV.

This practice united with temperate pressure is confidently recommended in those cases particularly, where convulsions occur after delivery.

CCV.

It is necessary to induce premature labor, where uterine irritation is ascertained to be their cause in the early months of pregnancy.†

CCVI.

And at the full period of gestation when the labor has made any progress, or the head descended so low the long

* Opium is much more efficacious, and less mischief results from the operation when the pores of the skin are open, but its sudorific agency alone is insufficient to produce such an effect, unless assisted by some other cutaneous relaxant, such as antimony, by which union the full intent will be secured, without any of the deleterious consequences following its simple exhibition.

Mauriceau, vol i. chap. 25

forceps become applicable, delivery ought to be encouraged in the most safe and expeditious manner.

Ord. IX.

Dystocia Hemorrhagica.

Abortion.

CCVII.

Abortion is the premature separation and expulsion of the ovum; the former producing hemorrhage by the rupture of vessels, and the latter causing pain by the muscular contraction of the uterine fibres.*

CCVIII.

In the prevention of abortion, as in the cure of hemorrhage, we are constantly to keep in view the general tempera-

* Sanguinis ex utero gravido profluvium, cum fœtu immaturo vel mola subsequenti.—*Vogel.*

ment of the woman, whether a plethoric or febrile diathesis prevails, or a constitutional debility is predominant.

CCIX.

The former requires venesection periodically, mild cooling aperients, and the antiphlogistic regimen.

CCX.

The latter disposing to violent emotions from the slightest external causes, enjoins mental quietude, rest, the recumbent posture, liberal diet and tonic medicine, with the use of a tepid bath, gradually lowered to the colder temperature.

CCXI.

When abortion is threatened in a debilitated habit, by the separation of the membranes and consequent discharge, the use of opium before uterine contraction takes place by suspending that effort, will prove decidedly efficacious.

patient, if sudden and unaccompanied with pain.

CCXVI.

And the symptoms have no reference whatever to, or are they regulated by, any precise period of uterogestation.

CCXVII.

They depend upon peculiarity of constitution, the firmness with which some part of the ovum is adherent to the uterus, and its consequent difficult expulsion.

Hemorrhage during the latter months of pregnancy.

CCXVIII.

There is no disease to which a Physician can be called, that attaches to his conduct such vital responsibility as uterine hemorrhage; no one that requires a more cool and accurate investigation, more prompt and decisive measures for

relief, and to insure the safety of both mother and child, greater watchfulness and judgment.

CCXIX.

Nature, if unassisted in the majority of cases, is incapable of permanently arresting the progress of this malady, although two important means are produced for that purpose, namely, the induction of syncope, and tendency to muscular contraction.

CCXX.

If an accoucheur is early consulted, no woman ought to die of uterine hemorrhage.

CCXXI.

If the attack has been produced, or is kept up by a plethoric condition of the vascular system, early venesection is the only mean by which danger can be averted, and the lives of both preserved.

CCXXII.

If plenitude or morbid activity of

vessels be not obviously the cause, it is of importance to moderate the circulation without the further loss of blood, by the internal use of digitalis, and the plumbi superacetus, by cold water taken into the stomach as well as externally applied, the horizontal posture on a firm mattrass, a constant succession of cool air, and the whole apparatus antiphlogisticus in its fullest extent.

CCXXIII.

And where there is no intention of delivery, opium by allaying uterine irritation, is to be relied on as an effectual remedy.

CCXXIV.

A copious enema per anum of simply cold, or artificially cooled water, is also an efficacious remedy for any species of this complaint.

CCXXV.

Fluid injections propelled into the vagina for the purpose of assisting the

formation of coagula, must have the opposite effect to such intention.

CCXXVI.

But the introduction of sponge, lint, or similar substance into the vagina, materially favors the production of a coagulum.

CCXXVII.

Plugging the vagina however is useful only in early states of hemorrhage, where the os uteri is undilated, artificial assistance inadmissible, and delivery not in contemplation.

CCXXVIII.

A light bland diet, consisting of animal jellies, sago, biscuit, &c. afford sufficient support without exalting irritability, or vascular action.

CCXXIX.

When a portion of the decidua separates at a period so late as the seventh month, it is extremely rare that the

evacuation if profuse, is permanently checked by any other means than the delivery of the placenta.

CCXXX.

The vessels supplying the placenta being larger than those which go to the decidua, a separation of any portion of the former occasions a more sudden and rapid discharge, than when a corresponding portion of the decidua alone is detached.

Hemorrhage from attachment of the placenta over the os uteri.

CCXXXI.

An implantation of the placenta or its margin over the os uteri, is the most frequent cause of hemorrhage, and of those cases which require delivery.

CCXXXII.

If the placenta be attached over the

cervix uteri, the hemorrhage begins when the change of distention takes place: it is more abundant during the pains, and increases with them.

CCXXXII.

But if the placenta be partially detached from the uterine parieties, the flooding will be profuse during the absence of pain, and on the womb beginning to contract, it ceases altogether.

CCXXXIII.

A kind of *cul de sac* is sometimes formed by the central detachment of the placenta, while its edges remain completely united, and it receives into the cavity a sufficiency of blood as proves speedily fatal, although little makes its appearance externally.

CCXXXIV.

The placenta once implanted over the os uteri, and partially detached at a late period of gestation, never unites,

neither does it so readily admit of the membranes exciting the os uteri to dilate.

CCXXXV.

A temporary cessation of the hemorrhage must be invariably followed up by the frequent recurrence of that event.

CCXXXVI.

And as gestation cannot go on, the child must be lost if delivery is neglected, and the mother also from excess of flooding.

CCXXXVII.

If there is a central attachment of the placenta over the os uteri (excepting that part which is immediately opposed to it) perforate the substance in preference to the attempt at further separation.

CCXXXVIII.

By which you come at once to the presenting part of the fetus, which is slowly to be extracted by the feet.

CCXXXIX.

The intention of delivery in these cases is to excite the contractile power of the uterus to press upon the vessels; but the womb will not contract if the operation be hastily performed.

CCXL.

And generally we do not proceed to delivery on the first attack of flooding if the os internum is unyielding, and there appears no disposition in the uterus to contract, unless much constitutional debility is apparent, or the effusion so particularly rapid and extensive as to hazard the continuance of life.

CCXLI.

The delivery being much more safe and easy to the mother, where there is a tendency to uterine spasm, and the os uteri has undergone that change which renders it more readily dilatable.

CCXLII.

If the placenta is first expelled, the

hemorrhage will continue until the patient is delivered.

Hemorrhage before, or during labor.

CCXLIII.

Hemorrhage arising from a partial separation of the placenta, from any other cause than attachment to the os uteri, will demand the rupture of the membranes to insure the necessary contraction of the uterus.

CCXLIV.

And the evacuation of the liquor amnii is inefficient for restraining active hemorrhage, if you do not instantly follow it up by preparing to deliver by art.

CCXLV.

If the hemorrhage is immoderate and of long continuance, the powers of life decreasing, and the skin universally cold, if there is a tendency to syncope,

good practical [illegible]

a pallid aspect and feeble pulse, it will be required to apply warm fomentations to the stomach, hands, and feet, and to restore by the use of other stimulants as much vital energy as is compatible with the remaining powers of life.

CCXLVI.

But if by excess of repletion, general action is raised beyond the level of power, it must dispose to consecutive hemorrhage.

CCXLVII.

Hemorrhage is checked when the enfeebled circulation cannot overcome the resistance offered by the coagula.

Hemorrhage after delivery.

CCXLVIII.

Also, after the expulsion of the fetus, hemorrhage arises from the partial

detachment of the placenta; and the introduction of the hand into the uterus avails little, either in promoting its contraction or restraining the flooding, if you do not proceed instantly to separate the whole body of the placenta, and deliver it by art.

CCXLIX.

For the uterus must firmly contract to expel whatever it contains, before it can shut its cavity and lessen the dimension of vessels.

CCL.

But if the emissions of blood have been extensive, the danger imminent, and syncope supervening, the placenta must be left, and the patient restored by the most cautious and temperate means.

CCLI.

For although the delivery of the placenta be an undoubted remedy for an existing hemorrhage, it cannot re-

move the effects of that which has already ceased; but by increasing the debility would inevitably hasten the fatal issue of the case.

Hemorrhage after the expulsion of the placenta.

CCLII.

In all cases of immoderate hemorrhage at this time, ascertain by manual examination whether the uterus be inverted or not.

CCLIII.

Flooding after the extrusion of the placenta, arises from torpor, or atonic inactivity in the uterine fibre to contract.

CCLIV.

And faintness then, peculiarly denotes a want of excitement in the uterine system, the whole viscus being flaccid from its inertness, or inirritability.

CCLV.

In all such cases, continued pressure upon the abdominal parieties with the cold hand, is most certainly effectual.

CCLVI.

A napkin is also applied to the external parts with considerable pressure, to favor the formation of coagula.

CCLVII.

The free admission of cool air and the recumbent posture are absolutely necessary, but the sprinkling of cold water upon the face is more decisively cordial than any other remedy.

CCLVIII.

As pain in a certain degree is requisite for the proper contraction of the uterus, the indiscriminate administration of opium cannot be safely admitted.

CCLIX.

But opium is necessary in cases ac-

companied with irregular and spasmodic contraction of the uterus, and with the view of quieting tumult where the pain is excessive.

PUERPERAL PERITONITIS.

CCLX.

A simple excessive fulness of blood in a particular part, propelled with increased momentum, and even attended with an obtuse and irregular pain, will produce no inflammation if its existence is but temporary.*

CCLXI.

But if a constitutional and permanent excitement be induced, inflammation will succeed, and then only does the

* An engorgement of the spleen is a particular exemplification of this aphorism: it produces no general disturbance in the system, nor does any other inconvenience arise from the distention than the simple pressure on surrounding parts.

blood denote, on its evacuation, the characteristic marks of disease.

CCLXII.

In venous congestions then, the first evacuation of blood does not always betray the cup-like cavity, but a determination to the disordered viscus with inflammatory activity generally ensues, and in the second bleeding the crassamentum developes all the usual phenomena of distempered circulation.

CCLXIII.

Local congestions suppress the developement of true disease, rendering it obscure and perilous of treatment; they oppress the functions, disturb the structure of important organs, and induce partial, but withhold the presence of general excitement.

CCLXIV.

A topical accumulation of blood overpowers the resistance of arterial

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action, preternaturally distends the larger veins, and will oppress and enfeeble the pulse, until proper depletion recover their healthy standard.

CCLXV.

It must be again observed, that although a local afflux of blood apparently diminishes muscular stamina, (the oppression of pulse and constitutional exhaustion being obvious), yet early venesection will develope the debility as unreal, and the opposite treatment aggravate every symptom.

CCLXVI.

The curative indications are therefore fulfilled in Puerperal Peritonitis, by early and copious venesection to twenty or twenty-four ounces on the immediate appearance of the disease, followed up by liberal and active purging, leeches to the abdominal parieties, and tepid enemas, together with the strictest adherence to the full antiphlogistic regimen.

CCLXVII.

And purgatives are not recommended here from the common opinion that their efficacy depends upon the mere mechanical ejectment of alvine matter, but from their salutary principle of promoting healthy secretion, and banishing from vital parts all morbid congestions of blood.

CCLXVIII.

One early and plentiful detraction of blood, inducing faintness and a temporary collapse of the system, will generally suffice for an acute attack of the most active kind: the temporary debility may be greater, but the permanent weakness less.

CCLXIX.

It is a desideratum to procure syncope with the loss of as little blood as possible; and this is more readily accomplished by having the patient in an erect posture, and suddenly drawing the blood

from a free orifice, or permitting it to flow from two veins at the same time.

CCLXX.

It will thus be found, that the abstraction of a less quantity of the vital fluid will be required for every stage of this disorder, superseding the practice of small and repeated venesections, which exhaust the strength as much as the original malady, and accelerate inevitably the fate of the patient.

CCLXXI.

If the means advised in CCLXVI are not decidedly had recourse to at the first onset of the symptoms, they rather induce a state of hopeless debility, than restore a recoverable progress.

CCLXXII.

If irritation and debility are predominant, effusion having taken place into the cavity of the abdomen, they must also prove speedily destructive.

CCLXXIII.

When there is a peritoneal engorgement of some days continuance, with symptoms of approaching collapse, the local abstraction of blood must be advised, with dry cupping, where it can be borne, together with the conjoint exhibition of wine and aromatics.

CCLXXIV.

In every case where immediate danger of organic lesion has disappeared, the topical abstraction of blood can be alone required.

CCLXXV.

Venesection is not allowable beyond the acme of inflammation; for general exhaustion rapidly ensues, and excessive evacuation making too sudden and powerful an impression on the system, hurries the disorder to a mortal issue.

CCLXXVI.

Immoderate depletion may produce an universal and irrecoverable suspen-

sion of the vital power; at least it leaves a vacillating circulation, disposing to consecutive inflammation.

CCLXXVII.

Also violent re-action of the heart and arteries, venous congestions, and effusions of serum may arise, instituting in another place a disease not dissimilar to the one it was intended to remove.

CCLXXVIII.

When the morbid action in local inflammation still goes on to wear out the debilitated patient, after topical as well as general venesection have been most abundantly had recourse to, and that a repetition of it cannot warrantably be persisted in, it will be found that mercurial inunction, so as to saturate the system in the most speedy and effectual manner, will have often a decidedly specific effect.

CCLXXIX.

Moderate ptyalism produced by mercury, has undoubtedly the important

operation of equalising the lost balance of circulation between the arterial and venous systems.

CCLXXX.

In the diarrhœa which is sometimes an attendant on this disease, the fecal matter is scybalous, slimy, and fetid, and keeping up a constant abdominal irritation, will best be removed by active purgatives.

CCLXXXI.

The sulphate of magnesia acts powerfully on the internal coat of the intestines, discharging frequent and watery stools, while the hardened scybalæ in the cells of the colon remain uninfluenced by its operation.

CCLXXXII.

Castor-oil completely unloads the intestinal canal of all excrementitious matter, allaying tormina and irritation in its course: if taken in lemon-juice and water, the stomach will generally retain it.

CCLXXXIII.

Fresh air and sleep are indispensable cordials; and it is of the utmost importance to procure the latter without the repeated aid of opiates.

CCLXXXIV.

Milk and water, with arrow-root, constitute a proper diet and beverage.

CCLXXXV.

Blisters are more effectual in the immediate vicinage of topical affections.

CCLXXXVI.

The external application of the tartris antimonii has all the advantage of blistering, without producing constitutional irritation.

CCLXXXVII.

The most powerful sudorific is a combination of calomel, opium, tartrite of antimony, and camphor, with the advantage of increasing the alvine and urinary secretions.

CCLXXXVIII.

A morbid appearance of the tongue is not to be relied on as an essential characteristic of fever, or the degree of febrile action which may accompany this disease.

CCLXXXIX.

A discoloration of that organ is observable where no pyrexial symptoms shew themselves, as in cholica pictonem, and a fever may pass through it several stages, the tongue continuing unchanged in appearance the whole time.

CCXC.

The low temperature of the external parts arises from the absorption of heat requisite for the evaporation of perspirable matter, and therefore not indicative of approaching gangrene.

FINIS.

CONTENTS.

Dr. ANDREW BLAKE

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